

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/462214 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4	2	1					54					
5	1	2					55					
6	2	1					56					
7	1	2					57					
8	2	1					58					
9	1	2					59					
10	2	1					60					
11							61					
12							62					
13							63					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		1										
TOTAL DEP.		18	↔	18	↔							
TOTAL CLAIMS		19		19								